V. S. No. 1

20. FILED 1 - 2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00457
1. PLACE OF DEATH	(10)
County Dorkhester	Registration Dist. No. II6
Village or City Cambridge, Md.	No
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary E. Abbott.	WITHIN CORPORATE LIMITE OF
(a) Residence: No. 9 Ce, etery Ave. (Usual place of abode)	St., 4 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH  January Ist (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND at Edward J. Abbott.	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) 2/14/1855  7. AGE Years   Months   Days   If LESS than	I last saw her aliva on Sec 3//1935 19 ; death is said to have occurred on the date stated above, at I2.45 mP.M.
80 IO I7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and sent in this occupation (month and sent in this occupation).	Brownial preumonia da 26.193
SAW MILL, BARN, atc.  10. Date daceased last worked at this occupation (month and year)  year)  Occupation  X	
12. BIRTHPLACE (city or town) Elliqtts (State or country) Md.	Other Contributory Causes of importance:  Cleronic Deffuse rephoster
🖺 13. NAME Noah Dayton.	
13. NAME Noah Dayton.  14. BIRTHPLACE (city or town) Elliotts, Md. (Stata or country)	Name of operation
15. MAIDEN NAME Leah Hurley.	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Leah Hurley.  16. BIRTHPLACE (city or town) Elliott,  (State or country) Md.	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Thos S. Robinson. (Address) Cambridge, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaCambridge, Md. Date I/3/36., 19	Manner of Injury
19. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Md.	24. Was disease or injury in any way related to occupation of deceased? *** If so, specify

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

(Signed) Wylee

136 John more

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5145 6 1936	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

NENT RECORD. Every item of infor-	CTLY. PHYSICIANS should state	sified. Exact statement of OCCUPA-	
PERMA	EXA	rly class	ate.
A TO	ated	ope	rtific
IS IS	se st	ld ac	eo Jo
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(90)
County Harchester.	Registration Dist. No. 4116
Village or City Lambered &	Noastern Those State Stook ward
, (1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occul/edyrs,mos	s. 21ds. How long in U.S. if of foreign birth? yrs. mds. ds.
2. FULL NAME FLATGE Co. Dognis	If U. S. Veteran, specify WAR
(a) Residence: No. Sallesbury	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DLVORCED (wing the word)	aniary 2 320 1936
male while single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREE CERTIFY, That I attended deceased from
(II) THE U	December 2 nd, 19.35, 10, January 23, 1936
6. DATE OF BIRTH (month, day, and yeer) Unknown 186	I last saw halive on a
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
73 Unhnows I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z Trade, profession, or particular	A A
kind of work done, as SPINNER, Jakoner	Cerebralanterio seleroses 1931
3. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Tadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this)	-
this occupation (month and year) 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	inl
DJ (A) D	Other Contributory Causes of Importance:
(State or country) On Paril O - Status	
11 13, NAME GENTAL W. Board	
13. NAME Searce W. Boandy  14. BIRTHPLACE (city or town). Unknown.	Name of operation Date of
(State or country) Arulous	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME THAT ARE S IN ma lower I	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Margary Malaworth  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Comerce (St. 92).	Where did injury occur?
Eta florestatoldal Real	(Specify city or town, county and State)
17. INFORMANTO OF COMMENTS OF	2003
18. BURIAL, CREMATION OR DEMOVAL	Manner of Injury
Place the total Constant Date / - 24 , 1936	Nature of injury
10 HADEDT AND HOROLL Sing good auto Col.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (1990) to the form of the same to the s	If so, specify
1 2 4 36 Granes - Da	(Signey) Asprel Albert M. D
20. FILED 19-6 JULY Registrar.	(Address) Control on
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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18:	kample I	li	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HECELV	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1	1921.	Run over by street car	1 week ago
Cerebral hemorrhage	F.E.B	July 5, 1927	Peritonitis	3 days ago
	SURBAU V.	s.		
Other contributory causes	of importance:	The State St	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	,			

OCCUPA-

of.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

(1)	13	45	11
	100	10	1

1. PLACE OF DEA	TH			(RI)	
County Dorch	nester			Registration Dist. No. 116	
Village or City Cambridge, Md.		No.Cambridge Md. Hospital.st	Ward		
			(If	death occurred in a hospital or institution, give its NAME instead of street and i	number)
Length of residence in c				ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME			ord.	If U. S. Veteran, specify WAR	
(a) Residence: No	Crapo,	Md.		St., X Ward. X	·
PERSONAL AN	ID STATISTICS	(Usual place of		St., Ward.  If nonresident give city or town and  MEDICAL CERTIFICATE OF DEATH	State Miles
			RIED, WIDOWED,	21. DATE OF DEATH	- 0 -
	White		(write the word)	January 20th	, 1936 (Year)
5a. If merried, widowed, or divention of HUSBAND of (or) WIFE of	orced Single			22. I HEREBY CERTIFY, Thet I attended	
				//20/ 1936 to 1/20/	1936
6. DATE OF BIRTH (month, de	y, end yeer) I/6	/1930			; deeth is seld
7. AGE Yeers	Months	Deys	If LESS than I dey,hrs,	to heve occurred on the dete steted above, at 5.50 m M.	
6	X	14	ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	Date of onset
8. Trede, profession, or p	as SPINNER. INT	one		Served deque burn	
Kind of work done, SAWYER, BOOKKEI  9. Industry or business II work wes done, as SAW MILL, BANK, 10. Dete deceased lest wo	n which	V110		server ague varin	1/20/30
work wes done, as SAW MILL, BANK,	SILK MILL, etc	<b>x</b>		of time of my	
10. Dete deceased lest wo this occupetion (mo yeer)	rked at	11. Totel tis			-
12. BIRTHPLACE (city or town) Crapo, Md.  (State or country)				Other Contributory Causes of Importence:	
13. NAME Major	A. Bradf	ord.			
13. NAME Major  14. BIRTHPLACE (city or to	Class	på, Md		Neme of operation Date of	. 24 -
15. MAIDEN NAME T	heodosia	Brambl	e.		
E	Tolog	ville,		Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or to	own)			Where did injury occur? Conto had	-/, 13
17. INFORMANT Major A. Bradford.  (Address) Crapo, Md.				(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE,
18. BURIAL, CREMATION, OR REMOVAL Plece Crapo, Md. Date I/22/36 , 19			2/36.,19	Menner of injury Brown when drawing C Nature of injury fire from stone	and.
19. UNDERTAKER Granville S. LeCompte  (Address) Cambridge, Md.			ompte	24. Was diseese or injury In eny way releted to occupation of deceesed?	
20. FILED 1 - 2 /	1	0,	Registrar.	(Signed) John more &	M.D.
	If more blan	ks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	j	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILED . !

	Registration Dist. No. 1	6
	NoSt.,steath occurred in a hospital or institution, give its NAME instead of street and rds. How long in U.S. If of foreign birth?yrsma	
1	nish MITHIN CORPORATE LIMIT	
	St., Ward.	
1	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	21. DATE OF DEATH	
	(Month) (Day)	, 193 (Year)
	22. I HEREBY CERTIFY, That I attended	
	Hast saw harman elive on Samuel 14, 1936	
	to have occurred on the date stated above, at 7: 4. R.m.	
rs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
	Branchonnumania	Date of onset
	Sastutia 1	4 days
	Olining tylade	13-2-35
	Other Contributory Causes of Importance:	
	Name of operation	
	Name of operation Date of What test confirmed diegnosis? Climical Was there an a	44
	23. If death was due to external causes (VIOLENCE) fill in also the following	
	Accident, suicide, or homicide? Dete of Injury	, 19
	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
,	Manner of Injury	
	Neture of injury	
	24. Was disease or injury In any way related to occupation of deceased?	2
_	If so, specify	
<b>L</b>	(Address) Dine + Celse Sto	M, D,
-		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Date of onset	The principal cause of death and related causes	Date of onest
1015	of importance were as follows:	
		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

Exact statement of OCCUPA.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLAINLY,

V. S. No. 1

	2
BINDING	PERMANENT
)K	-
F	U
ARGIN RESERVED FOR	WITH TINEADING INK THIS IS A DERMANENT R
	WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00461
1. PLACE OF DEATH	83-E
County Roschester,	Registration Dist. No. //O
Village or City Hurlock	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(a) Residence: No. Skurlvela (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of anne Reschill	22. I HEREBY CERTIFY, Thet I attended daceasad from
6. DATE OF BIRTH (month, day, and year) Mar 29 1864	I last saw have alive on Quee 1 19 6 death is said
7. AGE Years 9 Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Oate of onset
A Suppose of the state of the s	and impulsors
ID. Date decased last worked at this occupetion (month end year) occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME James Washiell 14. BIRTHULAGE (city or town)	
14. BIRTUPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Charlotte force	23. If daath was due to extarnal causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT anne Washift (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Part 7, 193 6	Manner of injury
19. UNDERTAKER 8:/3. Willard grafty (Addrass) Hurlog R	24. Was diseasa or Injury in any way related to occupation of daceasad?
20. FILED Jan 6, 19 36 Cha W- Washing Registrar.	(Signed) Attraction M. D. (Address) Limitation M. D.
If more blanks are and all the Company	N. C. J. C P. L. P C. C. V.

If more blanks are needed, address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage FFB 5	July 5,1927	Peritonitis	3 days ago		
a ACAR, AUTV. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13.

V. S. No. 1

1. PLACE OF DEATH	00462
County Doschester	Registration Dist. No.
Village or City Cambridge (If	Count - Male St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME (Infant Olsey	WITHIN COMPONATE LIMITS OF
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
1 1 1 1011	, 19 to par 1, 19/6.
6. DATE OF BIRTH (month, dey, end yeer)  7. AGE  Yeers  Manuals  Deys  If LESS then 1 dey:  hrs.	to have occurred on the date stated above, et
8. Trede, profession, or perticuler	were es follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Will born
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
O 10 Dete deceased last worked et this occupetion (month end yeer)	
12. BIRTHPLACE (city or town).	Dther Contributory Causes of importance:
(State or country)	Cransverse Ires to to
13. NAME Brung Son Elser	Partale a Cond
13. NAME (Samaron Elect  14. BIRTHPLACE (city or town)  (Stete or country)	Neme of operation Various fordalis Dete of fants
15. MAIDEN NAME AND MA TO STATE AND A	Whet test confirmed diagnosis? Wes there en eutopsy?
16. BIRTHPLACE (city or Gown)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Juey Mr. Clary (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Change Coler pate fam 18, 1936	Nature of Injury.
19. UNDERTAKER OF WORLD PLEISE MICH COLUMN	24. Was disease or injury in any way related to occupation of deceased?
20. FILED ! - 20 , 19 3 6 John more 9.  Registrat.	(Signed) DZ ( 1) Ohrwr M. D

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 10 1000 s	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUPPLUVS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE (	OF MARY	/LAND-	CERTIFICATE OF DEATH	0463
1. PLACE OF DEATH	1		119	
County Worches	lle.		Registration Dist. No.	16
Village or City Cambra	Lye		ND. 36 Park Lone St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of rasidence In city or town whare	daath occurrad	/	24 ds. How long In U. S. if of foreign birth?	
2. FULL NAME Delsin	ia Eu	eals		
(a) Residence: No. 36 Par	1. Sauce		St. 2 Ward. WITHIN CORPORATE LIMITS	OF
(a) Residence. No. 182 0	(Usual place o	f abode)	If nonresident give city or town an	d State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CARTIFICATE OF DEATH	71
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARE OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	193_(Year)
5a. If marriad, widowed, or divorcad HUSBAND of			1 61	
(or) WIFE of		(	22. I HEREBY ERTIFY, that I attended	d dacaesed from
	nov. 21,	1035	Coll 1346 13 20 3	A. 190-1
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yaars Months	Deys	1935 (	to have occurred on the date stated above, at	Geath is sayd
7. AGE 19913	24	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of oneot
8. Trado, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.				- A
SAWYER, BDDKKEEPER, atc			marssmux	/
9. Industry or business in which work was done, as SILK MILL,				
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc		me (yaars) t in this pation	Gumany/Couse Sastro-entoritia culta	
12. BIRTHPLACE (city or town) Chum	bulge.	nd	Other Contributor Causes of Importance:	
(State or country) Dog C	o, me		12000.	
13. NAME Lohn W.	Eunel	0		
13. NAME TO LAG. 10.		Lell	Nama of operation 1000 Date of	
(State or country)	. Co, m	1	Whet test confirmed diagnosis?	autosati
15. MAIDEN NAME Celverte	2 Chest	2	23. If death was dua to external causes WIOL ENCE) fill In also the follows	
15. MAIDEN NAME Cluerta ( 16. BIRTHPLACE (city or town) Gae (State or country) 1000	den Hel	22_	Accident, suicide, or homicide Date of injury /	2010
Stata or country) 1002	Co, n	٨	Whare did injury occur?	
17. INFORMANT alverta Che	sler		(Specify city or town, county and St Specify whether Injury occurred in TROUSTRY, in HOME, or In PUBLIC P	alc) LACE.
18. BURIAL, CREMATION, OR REMOVAL	e Cambus	lge ner	Jon	<b>.</b>
Place Warrah Cemete	is note Law	16 1936	Manner of Injury	
Ande o	0	, 13 8.32.	Nature of injury  24. Was disease or injury lo any way ralated to occupation of decaased (	Man,
19. UNDERTAKER (Address) Cambridge	The		If so, spacify	0
20. FILED 1 - 16 , 156 \$	plus m	Rekistrar.	(Signed) (Address)	Jan D
If mor	e blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	, -

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FFB	July 5,1927	Peritonitis	3 days ago	
RUMPATI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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20. FILED ...

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	OF DEA Dorch		96		
		ambridge	Registratio		
Length	f residence in c	ity or town where d	aath occurrad_ 22	2yrs,mos	No.  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution, give its NA  death occurred in a hospital or institution or i
2. FULL (a) Re	NAMEW	illiam I47 Rac	e St., (Usual place		If U. S. Veteran, specify WAR. St., 4 Ward. If nonrestde
PERS	ONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICAT
3. SEX Male		r or race	5. SINGLE, MARI OR DIVORCED Sing.	RIED, WIDOWED, (write tha word) Le	21. DATE OF DEATH Jamuary (Month)
5a. If marriad, HUSBAND (or) WIFE	of		Single		1 HEREBY CERTI
6. DATE OF BI	RTH (month, da	y, and year) 4	/I/I88I		I last saw has aliva on Que
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at
	54	9	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated ca
kin SA' 9. Industr Wor SA' 10. Date d this	profassion, or p f of work done, vyer, Bookkel y or businass i k was dona, as y MILL, BANK, aceased last wo occupation (mo	as SPINNER, PER, etc n which SILK MILL, etc rked at nth and 3/15	Clothii	ng	Succession
12. BIRTHPLA	E (city or town)	Bisho	ps Head	, Md.	Other Contributory Causes of Importance:
13. NAME	hristo	opher C.	Fallin	•	
	LACE (city or to	own) Bis	hops He	ad, Md.	Name of operation
15. MAIDE	NAME A	ngie Eg	ger.		23. If death was due to external causes (VIOLENCE)
[ 16. BIRTHI	LACE (city or to	wn)Bish	ops Hea	d, Md.	Accident, sulcide, or homicide?
(Addres	s) Camb	H. Fall			(Specify city Specify whather injury occurred In INDUSTRY, In
18. BURIAL, CR		Head, M	deate I/2	8/36 • 19	Manner of injuryNatura of injury
19. UNDERTAK (Addres	R Gra	nville	S. LeCo	mpte	24. Was disaase or injury in any way ralated to occ

STATE OF MARYLAND-CERTIFICATE OF DEATH n Dist. No. II6 ME instead of stream number) nt give city or town and State E OF DEATH Y. That I attended deceased from uses of Importance Date ol onset ..... Was thera an autopsy?\_\_\_\_ fill in also the following: Date of injury\_\_\_\_\_\_, 19\_\_\_\_ or town, county and State) HOME, or In PUBLIC PLACE. pation of daceased? /\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis 1930	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
At a profession						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. 116 St., (If Agath occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. if married, widowed, or divorced HUSBAND of 1 HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) xau. 7. AGE Months If LESS than Days to have occurred on the date stated above, at-I day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Data of anset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ HER 15. MAIDEN NAME 23. if death was due to external causes (VIOLENCE) fill in also the following: MOT 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?. Date of injury\_\_\_\_\_\_\_19. (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMO Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED 1 - "

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(Address)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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Every item of infor-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	90
County Dorchester	Registration Dist. No. // C
Village or City Williamsburg, (Out-side	) No. St., Ward
Length of residence in city or town where death occurred 5 vrs 4 m	(If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foraign birth?yrsmosds.
A 0-3-2 24	
	If U. S. Veteran, specify WAR.
(a) Residence: No. Federalsburg, Md. R.F. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female, White, S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married.	January 22nd, 1936  (Month) (Day) (Yeer)
5a. If married, widowad, or divorcad HUSBAND of John G. Gebhardt.	22.   HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 3rd. 1860	I last saw har alive on Jan 2 _ 1936; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the data stated above, at 5-30-R. M.
75 II I9 1 day,hr	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance ware as tollows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Other Coutributory Causes of importance:
(State or country) Germany.	
13. NAME Gothleib Rada,	
13. NAME Gothleib Rada,  14. BIRTHPLACE (city or town) (State or country) Germany.	Neme of operation Date of What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Susannah Krah,	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susannah Krah, 16. BIRTHPLACE (city or Iown)	Accident, suicide, or homicide?
17. INFORMANT John G. Gebhardt, (Addrass) Federalsburg Md. R. F. D.	Specify whethar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Cordova, Md. Date Jan. 25th, 3	Mannar of Injury
19. UNDERTAKER J.T. Framptom & Son. (Address) Federalsburg, Md.	24. Was disease or injury In any way ralated to occupetion of decaasad?
20. FILED Jan 23, 136 Chao W. Hastings	(Signed) M. D.  (Address) Britanile whe

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Chronic interstitial nephrili	8	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	HIDERU V.	5 July 5,1927	Peritonitis	3 days ago	
L					
Other contributory cause	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

5	Total Contract
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	Ser. Con.

OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. Village of City (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city ex town SORD. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) classified. 5a. If married, widowad, or\_divorced HUSBAND of (or) WIFE of C ERTIFY. That I attanded deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: Date of enset 8. Trada, profession, or particular kind of work dona, as SPINNER. Jo SAWYER, BDDKKEEPER, etc., may 9. Industry or business in which CUPA work was dona, as SILK MILL, SAW MILL, BANK, etc..... TO. Data daceasad last worked at no 11. Total tima (yaara) this occupation (month and that occupation instructions Dthar Contributory Canses of importanca: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Nama of oparation plain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicida, or homicide?\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_ 19. DEATH 16. BIRTHPLACE (city or tow (State or country) pe Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnods 17. INFORMANT OF (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation LION Natura of injury. 24. Was disaase or injury in any way related to occupation of decaased 19. UNDERTAKER (Addrass If so, spacify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 319 341 V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH

SICIAN Exact classified. [3] properly HIS pluods may that 80 supplied. terms, plain carefully E DEATH be should OF ] -WRITE AUSE mation

OCCI should Registration Dist. No.\_\_\_ County Village cr City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 3. SEX OB-DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from 22. HEREBY (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Days 1 day, ---- hrs. causes of Importance 0 or\_\_\_\_min. Date of onset 8. Trade, profession, or particular UPATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc ..... back 9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc ..... 11. Total time (years) 10. Date deceased last worked at no this occupation (month and spant in this occupation ...... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. Was there an au'opsy?\_\_\_\_\_ MOTHER important. 23. If doath was due to external causes (VIOL ENCE) fill In also the following: 15. MAIDEN NAME Accident, suicide, or homicide? ...... Date of injury ...... 19... 16. BIRTHPLACE (city or town (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT .. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury LION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Address) . 60 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

V. S. No. 1

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	9 7 10	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis FFR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEIRPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00469
1. PLACE OF DEATH	(13)°
County Adelester	Registration Dist. No. 116
Village or City Cambridge	Notester Shore State stock Ward
Length of residence in city or town where death occurred 10 yrs, 9 mos.	death occurred in a horpital or institution, give its NAME instead of street and number?
2. FULL NAME Soward Gregg	If U.S. Veteran apecify WAR
(a) Residence: No. Tary Hill	St., Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildowed	21. DATE OF DEATH  (Month) (Day)  (Year)
5a. If marriad, widowed or divpread HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attanded deceased from
P 100 11/ 10 H 6	april 181 , 19 30, to January 12, 19 36
6. DATE OF BIRTH (month, day, and year)	i last saw ham alive on the said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2.50 p.2.1m.  The PRINCIPAL CAUSE OF DEATH end ralated causes of importance
27 3 Q ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	(O) alver
SAWYER, BODKKEEPER, atc.	firome interplial light
work was done, es SILK MILL, SAW MILL, BANK, etc.	negarities 1980
Kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (mogth and spant in this	
year) occupation _ LS M _ Aa	Other Carbillator Comments of Immediately
12. BIRTHPLACE (city or town) Tarr Kell!	Other Contributory Cansea of Importance:
(State or country) maryland	
II 13. NAME Soward Treas.	
14. BIRTHPLACE (city or town) Tarry (State or country)	Name of operation Date of
L (State or country) Maryeland	What test confirmed diagnosis? Was there an autopsy? 22
I 15. MAIDEN NAME Rebeach Reader	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Person Reader  16. BIRTHPLACE (city or town) Tair Vell  (State or country)	Accident, sulcide, or homicide? Date of injury 19
E (State or country) Charasta	Where did injury occur?
17. INFORMANT Land Charles Charles Control (Addrass)	(Specify city or town, county and State)  Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Anasps Mg Date Jan 15, 1936	Nature of injury
19. UNDERTAKER RAJI JANE	24. Was disaase or injury in any way ralated to occupation of dacaasad? 200
20. FILED 1-13 1936 John Man Del	(Signad) (M, D.
R/gistrar.	(Address) Principal Principal
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		

Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

certificate.

See instructions on back

TION is very important.

FOR BINDING

ARGIN RESERVED

V. S. No.

should state item of inforof OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 00470
1. PLACE OF DEATH	92-0)
County Darchester	Registration Dist. No. / / C
	Hano. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  Leads. How long In U.S. if of foreign birth?
2. FULL NAME John Waywar	If U. S. Veteran, specify WAR
(a) Residence: No. Deuktout ne (Usual place of abode)	Ast., Ward.  If nonresident give city at town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  21. (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single  6. DATE OF BIRTH (month, day, end year)	22. I HEREBY CERTIFY. That I attended deceased from 1-2-3 4, 19 to 1-14-3 4, 19 11 death is said
7. AGE Years Months Days If LESS than 1 day,	THE RINGE ALL CAUSE OF BEATH and Teleted causes of Importance
ReTrade profession or particular	- Were es follows: Date of onset
SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and spent in this)	docesse - Con
12. BIRTHPLACE (city or town) Bucktown, (State or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (otty or town) Darelye ten Co.	Name of operation Date of

(State or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Registrar.

23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury ....

Where did injury occur?\_\_ (Specify city nr tnwn, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Wes disease or Injury in any wey releted to occupation of deceased?

Nature of injury

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N. B.—WRITE PLA. LY, WITH UNFADING INK.—THIS IS A PERMANENT K. P. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Jo m	plnoy	220	
y ite	SS	it of	
Ever	CIAN	temer	
D.D.	HYSI	t sta	
5	<u>Ч</u>	Exac	
EZ	LY	ф.	
ANE	ACT	ssifie	
ERM	EX	r cla	e.
AP	pe	perly	ficat
IS	stat	pro	certi
HIS	pe	pe	Jo
1	plno	may	TION is very important. See instructions on back of certificate.
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UN	ddns	ter 1	ee in
LUZ	illy	plair	S
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B.—W	ma	CA	TI
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH	<u> </u>	
County / Concheston	Registration Dist. No. 118	
Village or City Canadage	No. Carried Market St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)	ird
Length of residence in city or town where death occurred		ds.
2. FULL NAME Island Hen	WITHIN GORPORATE LIMITS OF	
(a) Residence: No. (Usual place of ab (4))	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH 20	
Unact W June	(Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased fr	rom
.1. 121	//20/, 19 <sup>3</sup> , to //20/, 19 <sup>3</sup>	6
6. DATE OF BIRTH (month, day, end year) //20/34	I last saw h aliva on 724 CF , 19 ; death is s	sald
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at £3 0/4 m.	
4- hes of stin or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Oate of on:	set
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	48 has begran	
9 Industry or business in which	To me (ruleum	
work wes done, as SILK MILL, SAW MILL, BANK, etc		
The second (months and		
year) occupation	Other Cantributary Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)	-	
13. NAME Peers Herry		
13. NAME  Reese ferm  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation Oete of What test confirmed diagnosis? Wes there en au'opsy?	حر
15. MAIOEN NAME Sever Howley	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Caralland	Accident, suicide, or homicide?	
E (State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT here Herry (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Carely W Oete 1 20,1936	Neture of Injury	
19. UNDERTAKER Wispord of at	24. Was disease or Injury In any way related to occupation of deceased?	
(Address) Country and Harfit	If so, specify when there is	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ...

Registrar.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BRC6 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A
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plnods

Registration Dist. No.	6
St.,St.,stion, give its NAME instead of street and i	Ward
If nonresident give city or town and ERTIFICATE OF DEATH	State
(Month) (Dey)	, 193 <u>(a</u> (Year)
CERTIFY. That I attended 193 to 30 27, 1936 d above, et 3,414 m. TH and retated causes of importence	, 1936.
anditii fillation Elima	Date of onset 1934 1935 1-26-3
rtance :	
Date of	
ses (VIOLENCE) fill in also the following	
(Specify city or town, county and State INDUSTRY, in HOME, or in PUBLIC PLA	ce.
ny related to occupation of deceased?	2427
U MATCHUM	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done-9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of impostance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FIA 6 1936 .	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Every item of infor-

:	. PLACE OF DEATH			(82-20)	
	County Dorchester			Registration Dist. No. II6	
	Village or City Cambride	e, Md		No. Cambridge Md Hospitalest.	Ward
				f death occurred in a hospital or institution, give its NAME instead of street and nur	
			yrsmos	sds. How long in U.S. il of foreign birth?yrsyrs	ds.
	. FULL NAME Milton H	lughes.	263	If U. S. Veteran, specify WAR NO.	,
	(a) Residence: No. East Ne	w Marke	t, Ma.	St., Ward.	4
salitate .		(Usual place of		If nonresident give city or town and St	ate 4
_	PERSONAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	•
3.	Male White	5. SINGLE, MARE OR DIVORCED	(write tha word)	Jamuary 23rd,	193 6
5.0	2120000	1 11200		(Month) (Day)	(Yaar)
00	If married, widowad, or divorced HUSBAND of Late Susie (or) WIFE of	Burton	•	22. I HEREBY CERTIFY, That I attended de	ceasad from
6.	DATE OF BIRTH (month, day, and year)	7717/18	76		death is said
7.	AGE Yaars Months	Days	If LESS than	to have occurred on tha deta stated above, et 9 . 05 Pm M .	
	59 6	6	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and raiatad causas of importence	
_	8. Trade, profession, or particular		101	0	Date of onset
0	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Carpent	er	central hemorrhage	17-3-36
OCCUPATION	Industry or business in which				*
15	work was dona, as SILK MILL, SAW MILL, BANK, etc	House			
ÖÖ	10. Date deceased last worked at this occupation (month and 1/23 year)	3/36 spen	me (yaers) tin this Life petion		
	Talso	sville,	-	Dther Contributory Causes of importance:	
12	(State or country)	sville.	WLCL.		
~	1				
HER	13. NAME Levi Hughes.		103	4	
FATH	14. BIRTHPLACE (city or town) La	kesville	, Md.	Name of operation Date of	
-	(State or country)			What test confirmed diegnosis?	opsy? no
HER	15. MAIDEN NAME Annie Mo	ore		23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or town) Lake	esville,	Md.	Accident, suicida, or homicide? Date of Injury Date	, 19
Σ	(State or country)			Whare did Injury occur?	
17	INFORMANT Wilbert Hugh	nes.		(Specify city or town, county and State) Spacily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
	(Addrass) East New	Market,	Md.		
18	BURIAL, CREMATION, DR REMOVAL	4 19	E /7C	Manner of injury	
	Placa Andrews, Md.	Date 1/2	5/06,19	Neture of injury	
	UNDERTAKER Granville	S. TeCom	nte	24. Was diseese or injury in any way related to occupation of deceesed?	20
19	(Addrass) Cambridge		Poo	If so, specify	
-	1 21 0		0	(Signad) Luy Rele	4 M.D.
20	FILED 1 - 24, 1936	venn	Registrar.	(Addrass) Cambrilge My	(
16			registrat.	(	

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Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Combral homomhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUOFALLYS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Yaar) That-I attended

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephrilis	FAB 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUMEN O 200	July5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

state	UPA-	
plno	000	
Sh	Jo	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Y. PF	Exact	
XACTL	classified.	45
stated F	properly	certificate
he	pe	of
plnods	it may	n back
AGE	o that	tions o
supplied.	terms, s	e instruc
carefully	FH in plain	ortant. S.
should be	OF DEAT	TION is very important. See instructions on back of certificate.
mation	CAUSE	TION :

STATE OF MARYLAND-CERTIFICATE OF DEATH

6	1	/6	2.00	2	
y	U	4	7	0	)

OR DYORCED (wire the word)  5. If married, widowed, or divorced HUSBAND (Month)  (Day)  (Wonth)  (Day)  (Wonth)  (Day)  (Wonth)  (Day)  (Wonth)  (Day)  (Wonth)  (Day)  (Wonth)  (Day)  (Year)  (Year)  22. I HER EBY CERTIFY. That I greended deceased from the properties of the propert	1. PLACE OF DEATH	<u> </u>
Length of residence in city or town where death occurred was a second of the comment of the comm	County Corcheste	Registration Dist. No. 116
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.	Length of residence in city or town where death occurredyrsmos	ds. How long in U. Swif of loreign birth?yrsmosds.
(a) Residence: No.	2. FULL NAME Jufanx Pelly	TOPORATE LIMITS OF
21. DATE OF DEATH  22. 1 HER EBY CERTIFY. That I attended deceased from 193 G, to 193 G.  3. If married, widowed, or divorced HUSBAND of (North) (Day) (Year)  4. DATE OF BIRTH (month, day, end year) / L D / S  4. DATE OF BIRTH (month, day, end year) / L D / S  5. DATE OF BIRTH (month, day, end year) / L D / S  5. DATE OF BIRTH (month, day, end year) / L D / S  6. DATE OF BIRTH (month, day, end year) / L D / S  6. DATE OF BIRTH (month, day, end year) / L D / S  7. AGE Years Months 1 day, have of years or min.  8. Trade, profession, or particular should be said to have occurred on the date stated above, at L D m.  7. The PRINCIPAL CAUSE OF DEATH and related causes of importance were et follows:  9. Findury or business in which work was done, as SILK MILL, SAW MILL, SAW, Melt.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done, as SILK MILL, SAW MILL, SAW, Melt.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done, as SILK MILL, SAW MILL, SAW, Melt.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done, as SILK MILL, SAW MILL, SAW, Melt.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done, as SILK MILL, SAW, Mill.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done as SILK MILL, SAW, Mill.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done as SILK MILL, SAW, Mill.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done as SILK MILL, SAW, Mill.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done as SILK MILL, SAW, Mill.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which work was done as SILK MILL, SAW, Mill.  9. SAWYER, BOOKKEPER, etc.  9. Findury or business in which was due to external causes of importance:  10. File or country)  11. INFORMANT ACCENTAGE (city or town) All Mills or country and Siar)  12. BIRTHPLACE (city or town) All Mills or country and Siar)  13. Make Or Country or town All Mills or country and Siar)  14. BIRT		f. St., Ward.
OR DYORCED (curric the word)  59. If married, widowed, or divorced (Wonth)  193 C (Year)  193 C (Year)  194 C E R T I FY, That I gitended deceased from the first properties of the properties o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  II LESS than 1 day,	OR D. VORCED (write the word)	26, 193 6
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  II LESS than I day,	5a. If married, w'dowed, or divorced	
8. Trade, profession, or particular lines of the date stated above, at 2 m.  7. AGE Years Months Days II LESS than I day, hrs. or min.  8. Trade, profession, or particular line of work dome, as SPINNER, SANYER, BOUNKEPER, STANYER, STANYER, BOUNKEPER, STANYER, BOUNKEPER, STANYER, BOUNKEPER, STANYER, BOUNKEPER, STANYER, BOUNKEPER, STANYER, BOUNKEPER, STANYER, STANYER, BOUNKEPER, STANYER, BOUNKEPER	(or) WIFE of	11-6 21 11.60 31
7. AGE Years Months Days II LESS than I day,	6. DATE OF BIRTH (month, day, end year) //2 6/3 (	I last saw h elive on hot or acp, 19 ; death is said
8. Trade, profession, or particular sind of work done, as SPINMER, 2001  8. Trade, profession, or particular sind of work done, as SPINMER, 2001  8. SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation month and year)  11. Total time (years) span in this occupation month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  17. INFORMANT  18. BIRTHPLACE (city or town)  19. When did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL CREMATION, OR REMOVAL  Place Address)  19. UNDERTAKER  (Address)  10. FILED /// 1, 132 Pythen Address)  M. D.  10. FILED /// 1, 132 Pythen Address  M. D.  10. FILED /// 1, 132 Pythen Address  M. D.  10. FILED /// 1, 132 Pythen Address  M. D.  10. FILED /// 1, 132 Pythen Address  M. D.  10. FILED /// 1, 132 Pythen Address  M. D.  11. Total time (years) which was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Signed)  M. D.  10. FILED /// 1, 132 Pythen Address  M. D.  10. FILED /// 1, 132 Pythen Address  M. D.  11. Total time (years)  12. BURNAL CREMATION, OR REMOVAL  13. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  M. D.  10. FILED /// 1, 132 Pythen Address  M. D.	7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 2 Pm.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEPER, etc.  9. SAWYER,		( ) the same of th
SAWTER, BOURNEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Address  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  M. D.  (Signed)  M. D.  (Signed)  M. M. D.	8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  spant in this occupation  Other Coatribatory Causes of importance:  Name of operation  Whet test confirmed diagnosis?  Was there an au'opsy?  23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  If so, specify  (Signed)  M. D	SAWYER, BOUKKEEPER, etc.	The order
Other Contributory Causes of importance:   12. BIRTHPLACE (city or town)	work was done, as SILK MILL,	(Cary War)
Other Contributory Causes of importance:  Other Contributory Causes  Other		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  11. INFORMANT  (Signed)  11. INFORMANT  (Signed)  12. Was there an au'opsy?  When diagnosis?  Was there an au'opsy?  Whet test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Date of injury  Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  15. Was disease or injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  Manner of injury  Nature of injury  (Signed)  M. D.	12. BIRTHPLACE (city or town) Cambrie	Other Contributory Causes of importance:
Whet test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  (State or country)  Whet test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Date of injury  Newer did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  Manner of injury  Manner of injury  Nature of injury  (Signed)  Manner of injury  Manner of injury  (Signed)  Manner of injury  Manner of injury  Manner of injury  Nature of injury  (Signed)  Manner of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of in	(State or country)	
Whet test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  (State or country)  Whet test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Date of injury  Newer did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  Manner of injury  Manner of injury  Nature of injury  (Signed)  Manner of injury  Manner of injury  (Signed)  Manner of injury  Manner of injury  Manner of injury  Nature of injury  (Signed)  Manner of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of in	I 13. NAME Over Kelly	
Whet test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  (State or country)  Whet test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Date of injury  Newer did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  Manner of injury  Manner of injury  Nature of injury  (Signed)  Manner of injury  Manner of injury  (Signed)  Manner of injury  Manner of injury  Manner of injury  Nature of injury  (Signed)  Manner of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of injury  Manner of injury  Manner of injury  Manner of injury  Nature of injury  Manner of in	I 14 RIPTHPI ACE (city or town) bhosteries	Name of operation 22 one Date of
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Mainer of injury  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  10. FILED  11. Meath wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury  19. UNDERTAKER  (Address)  19. (Signed)  Manner of injury  Note of injury  (Signed)  M. D  M. D  M. D	(State or country)	7
State or country   State or country   State or country   Specify city or town, country and State	15. MAIDEN NAME Winifol Bringeld	
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL PlaceDistributed of at Matter 1/19/31  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  Manner of injury Nature of injury (Signed)  Manner of injury (Signed)		
18. BURIAL, CREMATION, OR REMOVAL PlaceD report of at Matter 1/,1936  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  25. FILED / / / / 1,1936  26. FILED / / / / 1,1936  27. Manner of injury Nature of injury Na	17. INFORMANT Winifed Icelly	(Specify city or town, county and State)
Place Proposal of at leath 1, 19/36  Nature of injury.  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D  M. D		N of latin.
(Address)  If so, specify  (Signed)  M. D  M. D		
20. FILED / 11/ 19? Tyrus		
		(Signed) M.D. (Address) Canaly 2006

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

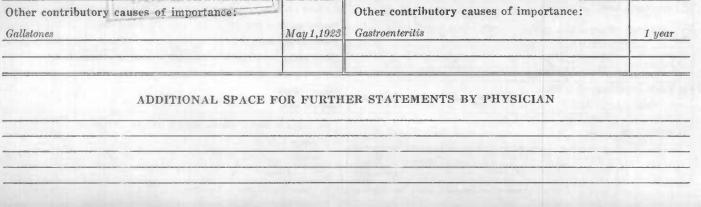
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
3		
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:



STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 2. ds. How long In U.S. If of foreign birth?\_. SICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceesed from (or) WIFE of 5 6. DATE OF BIRTH (month, day, end yaar) certificate properly 7. AGE Years Months If LESS than Days FOR to heve occurred on the date stated abova, at 1 day, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... may 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc ... 10. Date deceased last worked at 11. Total tima (years) this occupation (month an that spant In this occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain Name of oparation \_\_\_ (State or country) efully What test confirmed diagnosis? Was thera an autopsy? 15. MAIDEN NAME Ξ 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19 (State or country) Where did injury occur?\_\_ (Specify city nr town, county and State) easy whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury mation Nature of Injury. 19. UNDERTAKER 24. Wes disease or injury-in any V. S. No. 1 Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of certificate.

TION is very important. See instructions on back

# STATE OF MARYLAND-CERTIFICATE OF DEATH

II h.	18	- 11	$3.0_{\odot}$	644
17	13	13	7	1
V	37	7	-	-0

1. PLACE OF DEATH	(10)
County Dorchester	Registration Dist. No. 114
Village or City Vienna, (Out-side)	No. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME William T. Lee	If U. S. Veteran, specify WAR
(a) Residence: No. Vienna, Md. R.F.D. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowed	Jan. 30th. 195 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Alice G. Lee dec'd.	22. I HEREBY CERTIFY, That I attended deceased from
	Jan 20 ,1936, 10 Jan 29 ,1986
6. DATE OF BIRTH (month, day, and year) April 10th, 1851	I last saw h alive on Jense 125 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at I = 30 = Am. M •  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as to now.
8. Trade, profession, or particular kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	John Pneumonia
Kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data decassed last worked at this occupation (gongth and second in this compation (gongth and second in this sec	
10. Data decassed last worked at this occupation (month and year) 1930 spent in this occupation Life.	
12. BIRTHPLACE (city or town) Dorchester Co. (Stata or country) Md.	Other Contributory Causes of importance:
13. NAME William T. Lee	
13. NAME William T. Lee  14. BIRTHPLACE (city or town) Dorchester Co.  (State or country) Md.	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary E. Evans	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary E. Evans  16. BIRTHPLACE (city or town) Dorchester Co.	Accident, suicide, or homicide?Date of Injury
(Stata or country) Md.	Where did injury occur? (Specify city or town, county and State)
17.INFORMANT Miss Nathalie Lee (Address) Vienna Md. R.F.D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Vienna, Md., Date Feb. 2nd to 36	Manner of Injury
19. UNDERTAKER J.T. Framptom & Son. (Address) Federalsburg, Md.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Feb 1 , 1936 Whs. Robert Por Wingst	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	19	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ER 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1 X 1 X X	*	A Popular	a
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17.17	Œ.	9	7

1	L. PLA	CE OF DEAT	ГН			n n	
	Coun	ty Dorch	ester			Registration Dist. No. II6	
Village or City Cambridge, Md.						No. X St., W	ard
	Lengt	h of residence In ci	ty or town where d	eath occurred 6	S vre mos	death occurred in a hospital or institution, give its NAME thatead of street and number)	do
					kson Mea	ORA'S	.03.
						11 U. S. Veteran, specify WAR.	
	(a) I	Residence: No	LUL DU	indry AV		St., 4 Ward.  If nonresident give city or town and State	
emilio	PER	RSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	_
3.	sex Mal		R OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (queite the word)	21. DATE OF DEATH  January 24th, 193 6  (Month) (Day) (Year)	
5a.	If marrie	d, widowed, or divo	ie E. C:	reighton			
	(or) WI	FE of	16 11. 0.	r o r giroon		22. HEREBY CERTIFY. Thet i attended deceesed f	C
6.	DATE OF	BIRTH (month, day	and year)	2/19/186	2	I last saw h and alive on 1/2 3/36 19 death is	said
_	AGE	Years	Months	Days	If LESS than	to have occurred on the date steted ebove, at 3.25 m.m.	
		73	II	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8. Trad	e, profession, or pa				Date of on	set
OCCUPATION	0/3	SAWYER, BOOKKEE	PER, etc	Laborer		Ilmong Toberlone	
JPA	Indu	stry or business in vork wes done, es S	Which SILK MILL, Ca.	mbridge,	I ce Go		
S	TO. Pate	deceased last wor	ked et	11. Total tir	ne (vears)		
0	1	his occupation (more	nth and I93	spen occur	tin this 43		
12	DIDTUDI	ACE (city or town)	Buckt	own, Md.		Other Contributory Causes of importence:	
12		e or country)					
ER	13. NAM	E Levi:	n Mears				
FATHER	14. BIRT	HPLACE (city or to	wn) Busk	town, Mo		Name of operation Date of Date of	
-		State or country)				What test confirmed diagnosis?	40
MOTHER	15. MAI	DEN NAME H	enriett			23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:	
TOI		HPLACE (city or to	wn) Bue	ktown, N	id.	Accident, suicide, or homicide?	
2.	! (	State or country)				Where did Injury occur?(Specify city or town, county and State)	
17		oress) Camb				Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL  PlaCambridge, Md. Dete I/26/36, 19						Manner of injury	
19. UNDERTAKER Granville S. Le Compte (Address) Cambridge, Md.						24. Was disease or injury in any way related to occupation of deceased?	
20	FILED	1-24,	1936 9	olum	Registrar.	(Signed) Julius work h	л. D.
1	-				************		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00479
County Dorchester	Registration Dist. No.
Village Dr City Samuel Length of residence in city or town where death occurredyrs,	f death occurred in a horpital or institution, give its NAME instead of street and number)  s
2. FULL NAME Welliam moore	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male white practice with the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Walls	1 HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Left - 30 - 186 0	I last saw hem alive on January 7 , 1907 deeth is so
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, et. 6.2-A.JIm.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:  Date of one
kind of work done, as SPINNER, Laborer SAWYER, BODKKEEPER, etc.	Greva a sorro-securous / 9,
Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
O Date deceased lest worked at this occupation manth and this occupation manth and occupation occupation.	
12. BIRTHPLACE (city or town).	Other Contributary Causes of importance:
(State or country)	- feet oug
E / CO	
X 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
15. MAIDEN NAME Mary Role)	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Cole  16. BIRTHPLACE (city or town) Chester Loudy	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANCE SELECTION OF THE CARD AND THE	whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR NEMOVAL Place/Dobital Trousing Bate Jan 7 1936	Menner of injury
19. UNDERTAKER frankalbalbaugh (Address) Comberna of Marie	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED / / / 1936 John mouse Redutar.	(Signed) Sales Fabrille M
	2411 N. Challes Street, Baltimore, Requesting V. S. No. 1.

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Example 1	11	Example 11		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
∴ FAB 6 1936 '				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS BY	PHYSICIAN
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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Construct however and 1930	1921	Run over by street car	1 week ago	
Cereorat nemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	0481
1. PLACE OF DEAT	TH			(131)	0101
County Que	meses	>			115
Village or City 10				No.	- Ward
	,		1 2 (II	death occurred in a hospital or institution, give its NAME instead of street a	nd number)
Length of residence in ci	ty or town where do	eath occurred\	yrs,mos	ds. How long In U.S. if of foreign birth?	mosds.
2. FULL NAME	ingu	· 1/2 2	ca th	ullips	
(a) Residence: No	<i>O</i>			St, Ward.	
PERSONAL AN	DETATION	(Usual place		If nonresident give city or town	
	R OR RACE		RIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	1
1.	wir=	OR DIVORCE	D (write the word)	and 14	. 193 6
5a. If married, widowed, or divo	l l	mas	nu d	(Month) (Day)	(Year)
HUSBAND of	· Phile	60		22.   HEREBY CERTIEY, That   attend	led deceesed from
(1)	· vous	mss		Jan 4 ,19 35,10 Jan 1	بر 19.3 لم
6. DATE OF BIRTH (month, day	y, and year) Sel	Rtember	27-1858	I last faw h&w alive on 2 90- 012 , 19 3	death is said
7. AGE Years	Months	Deys	If LESS then	to heve occurred on the date stated above, at 2m.	
77	3	17	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	1
8. Trede, profession, or pa	articular				Oate of onset
kind of work done, SAWYER, BOOKKEE	PER, etc.	ansimo	<del></del>	Cardio-Kinal- Dazel	andereno
Mind of work done, SAWYER, BOOKKEE  9. Industry or business in work was done, es SAW MILL, BANK, 6  10. Dete deceased last work this occupation (mo.	SILK MILL,	L la ma		Disease	3.0
10. Dete deceased last wor	ked et	11. Total t	ime (vears)		year
O this occupation (more year)	nth end Dev. 31	3 spa	ime (years) nt in this 55		
12. BIRTHPLACE (city or town) (State or country)	Girling	auk.		Other Contributory Courses of importance:	****
1	D		ma.	W and	
13. NAME Benjan	nan Jra	vers.	^		
13. NAME Bengar	wn) & valv	in of the	Je ,	Neme of operation Dete o	f
(State of country)			1124	What test confirmed diagnosis? Was there a	an autopsy?
15. MAIDEN NAME	arolin	u me		23. If death was due to external causes (VIOLENCE) fill in elso the follow	ving:
16. BIRTHPLACE (city or to	mu) g, vor	my	leely	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	0.	•	ma	Where did injury occur?	State)
17. INFORMANT (Address)	Fireman	Aull	md	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, DR R				Manner of Injury	
Place Zialung	reale, mil	Date an		Neture of injury	
19. UNOERTAKER G.S.	. Secon	nei		24. Was disease or injury in any way related to occupation of deceased?	ho
(Address)	Campid	an h	2	If so, specify	
20 51150 0000 16	1031 ano	d. To see	02000	(Signed) anna ) Meads	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis To CEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1930	July 5,1927	Peritonitis	3 days ago
BIIDEAU V.	S		
Other contributory causes of importance:		Other contributory causes of importance:	72-11
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY

# STATE OF MARYLAND—CERTIFICATE OF DEATH

00482

I. PLACE OF DEATH			(31)	
County Dorchester			Registration Dist. No. I	I6
Village or City James, Md	•		Np. St	Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street	and number)
2. FULL NAME Robert Fr	anklin	Phillips	If U. S. Veteran, specify WAR_NO	***********
(a) Residence: No. James,	Md.		St., Ward.	
	(Usual place	of abode)	If nonresident give city or town	and State
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	H
Male   4. color or race   1. White	s. SINGLE, MAR OR DIVORCE SINGL	RIED, WIDOWED, D (write tha word)	January 19th, (Day)	, 193 6 (Year)
5e. If married, widowed, or divorcad HUSBAND of (or) WIFE of S 1.	ngle		22.   HEREBY CERTIFY Thet   etten	
	- 47000		Heat and him aline on any (7)	, 19.
	3/1866	1 44500 4		deeth is seld
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to heve occurred on the dete steted chove, at . 8 . A	
69 5	I6	ormin.	were es follows:	Date of onset
Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	Farmer		nyocardoti	Zenkadre
kind of work done, es SPINNER, SAWYER, BODKKEPER, etc	Dirt			
10. Date deceesed last worked et this occupation (month end yaar) 5/1/	ZE spa	ime (years) nt in this X upationX		
12. BIRTHPLACE (city or town) James (State or country)	Md.		Other Contributory Causes of importance: Claposise Sulvistitual Reporter	seekus
I 13. NAME Samuel Philli	DS.		Julmonery Ordania	June ( 6)
Desch		CO 1978		
14. BIRTHPLACE (city or town) Dorch (State or country)	ester	oo. Mu.	Name of operation Date	7
(State of country)	Thibbo	200	Whet test confirmed diegnosis? Was there	
15. MAIDEN NAME Flizabeth 16. BIRTHPLACE (city or town) DORG			23. If death wes due to externel ceuses (VIDL ENCE) fill in elso the follo	
16. BIRTHPLACE (city or town) DONG (State or country)	nerser	CO. MC.	Accident, suicide, or homicide? Dete of injury	, 19
- (State of Country)	~	9	Where did Injury occur? (Specify city or town, county and	State)
17. INFORMANT Mrs Alexande (Address) James		rd.	Specify whether injury occurred in INDÚSTRY, In HDME, or In PÚBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Plece MA	Dete 1/2	1 - 136	Menner of injury	
19. UNDERTAKER Granville S (Address) Cambrid	LeCo	mpte.	24. Was disease or injury in eny way releted to occupetion of deceased  If so, specify	Zeo
20. FILED 1 - 21 , 1936 900	un m	Registrar.	(Signed) a'S, Meleces) (Address) 126 Pace St. Cambridge	Dud. M.D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1000 6 1000	July 5,1927	Peritonitis	3 days ago	
COREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED RGIN

S. No.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis TTD	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

of OCCUPA-

OKD. Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

2.0	15	.0	1	. 6
U	U	4	0	4

:	1. PLACE OF DEA	ТН			20
8	County Don	chester			Registration Dist. No. // O
	Village or City	William	sburg,		No. St. Ward
	Length of residence in ci	tv or town where de	ath occurred 7I	Vrs II mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
ď				, Md.	If U. S. Veteran, specify WAR
	(a) Residence: No	ah. ah. ah. 17	(Usual place of	of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AN	D STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3.		r or RACE	S. SINGLE, MARK OR DIVERCED	RIED, WIDOWED, (Twite the word)	Jan. 6th. 1936 (Year)
5a.	. If married, widowed, or divo HUSBAND of (or) WIFE of		Poole		22. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, da	v. and year) F	eb. 4th	n. 1864	I last saw ham alive on 1/2, 1936; deeth is seld
ter A Special Property lies	AGE Yeers	Months	Deys	If LESS than	to have occurred on the date stated above, et 3 = 30 Pm. M.
1	71	II	2	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
Z	8. Trede, profession, or pa	8. Trede, profession, or particular			Gulmon an Tuberculouis
5	SAWYER, BOOKKEE	PER, etc	Retir	ed Farmer	/
UPA	work wes done, as SAW MILL, BANK,	SILK MILL.			
OCCUPATION	10. Date deceased lest won this occupation (mg	ked et	11. Total tii spen occu	me (years) tin this Life pation Life	
12	. BIRTHPLACE (city or town)	Dorche	ester C	2.	Other Contributary Causes of importence:
12	(State or country)		Maryland		
民	13. NAME	Leonard	Poole,		
FATHER	14. BIRTHPLACE (city or to	wn)			Name of operation Dete of
_	(State or country)	7	Maryla		What test confirmed diegnosis? Wes there en autopsy?
HER	15. MAIDEN NAME	liza Anr	1 Smith	?	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)	Mary.	land.	Accident, suicide, or homicide?
17	(Address)	oland S.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	Burial, CREMATION, OR F	REMOVAL			Manner of injury
19		Frampteleralsbu		n.	24. Was disease or injury in any way related to occupation of deceased?
20	FILED Jan. 7.	1936 CL	so.W.	Hasting Registrary	(Signed) Thogher Myers M.D.  (Address) 26 where md

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N. B.-WRITE PLAINLY,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhage	July 5,1927	Perilonitis	3 days ogo	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gostroenteritis	1 yeor	

V. S. No. 1

1. PLACE OF DEATH		MO 1010	2.7
County Dorchesser		Registration Dist. No. 1/9	
Village or City Bishops	Head, Md.	No. X Was St., Was feath occurred in a hospital or institution, give its NAME instead of street and number)	rd
Length of residence in city or town whe	re death occurred 65 yrs. mos	coursed in a no-philator institution, give its IVAIVE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Frankli	n E. A. Pritchett		
	ops Head, Md.	St., X Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	-
SEX 4. COLOR OR RACE	5. SINGLE, MARRIFD, WIOOWED,	21. DATE OF DEATH	_
Male White	or Divorced (while the word) Married	(Month) (Oay) (Year)	
a. If married, widowed, or divorced HUSBAND of Hattie A	. Slacum.	22. I HEREBY CERTIFY, That I attended deceased fr	om
. DATE OF BIRTH (month, day, end year)	7/2/1870	I last saw halive on 524 31, 1935; death is s	aid
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7.12.6.m.	
65 5	29   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	eet
Nirade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Waterman	folion meeting 12/107	24
Industry or business in which	1700 0 0 2 110000		
work was done, as SILK MILL, SAW MILL, BANK, etc	X	-	
10. Date deceased lest worked at this occupation (month am 2/]	11. Total time (years) spent in this Life occupation		
2. BIRTHPLACE (city or town) Bis	shops Head, Md.	Other Contributory Causes of importance:	
(State or country)		_	
13. NAME Wm.H.H.Pri	chett.		
(1)	Bishops Head,	Name of operation Oate of	
(State or country)	ane Johnson.	What test confirmed diagnosis? Was there en au'opsy?	
Tot mitteett titting		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	ishops Head,	Accident, suicide, or homicide?	
7. INFORMANT Clye O. Pr		Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Bishops	s Head, Md.	-	
18. BURIAL, CREMATION, OR REMOVAL	Md nate 1/3/36. 19	Manner of injury	
11000	Date 13	Nature of injury	
19. UNDERTAKER Gran ille	S. LeCompte	24. Was disease or injury in any way related to occupation of deceased?	
	ridge, Md.	If so, specify	
0. FILED Jan - 3 , 1936 5	Wilson O. Partcher	(Signed) (Address) Para and Strict (Address)	. D.
//	ALCXISTIAT.	(neuros)	

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Chronic interstitial nephritis 1389 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 - 3 - 1 - 5 - V. S.			
and the second s		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

1. PLACE OF DEATH	97)
Village or City Caralysing	Registration Dist. No. No. No. No. No. No. No. No. No. No
	s. 10 ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Fielden Rector	If U. S. Veteran, specify WAR
(a) Residence: No. Salisbury (Usual player of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  American  (Pear)  (Year)
5a. If married, widowad, or divorced HUSBAND of Carbella Higgins	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and yaer) march 19-1852	I last saw he falive on January 25, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 45.5.1.4 m.
80 170 O ormin.	The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date daceased lest worked at this correlation (great) and the content of the correlation (great) and the correlation (great)	Gerebralarterisselerosis 1925
work was dona, es SILK MILL, SAW MILL, BANK, atc.	
10. Date daceased lest worked at this occupation (ment) and year) 11. Total time (yee's) spent in this occupation from the companion occupation from the companion occupation occupation from the companion occupation occup	vrl
12. BIRTHPLACE (city or town) Hellevelle (State or country)	Dther Contributory Canses of Importance:
13. NAME Bledor Rector	
13. NAME /Slede Rectar  14. BIRTHPLACE (city or town) / fallwelle (State or country)	Name of operation Date of Date
15. MAIDEN NAME PAlly Blazara	Whet test confirmed diegnosis?
15. MAIDEN NAME Polly Blonsen  16. BIRTHPLACE (city or town)   Hellsville  (State or country)	Accident, suicida, or homicide?
17. INFORMAN Safern Shore Blate Hook. Beca	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD Place area less 5 Date Jan 27, 19 36	Menner of injury
19. UNDERTAKER Apploway & A. (Addrass) Splesbetty	24. Was disease or injury in any way ralated to occupation of decaased?
20. FILED 1/25/ , 1936 Here more receiver.	(Signage) hables papierre M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	F-MB 6 1930	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	auses of importance		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
)	em o	should	f 00	1
	ery it	SNI	ent o	
	D. Ev	SICIA	tatem	
	COR	PHY	act si	
	IT RE	. X.	Ex	
5 11	INEN	CTI	sified.	
SIND	ERM/	EXA	clas	e°
OK I	A P	ted	operly	tificat
7	IS IS	e sta	oe pr	of cer
ARGIN REDERVED FOR BINDING	T.H	plno	may	back
日の日	INK	JE sh	nat it	no si
4	DING	l. A(	so th	uction
ARG	JNFA	pplied	terms,	instr
	HH	lly su	olain t	See
	Y, WJ	arefu	H in 1	rtant.
	F	l be c	EAT	impo
	PL/	should	OF I	very
	VRITI	tion	NOSE	TION is very important. See instructions on back of certificate.
	BW	ma	Y CA	TI
1	ż	1	1	1

			MAR	YLAND-	CERTIFICATE OF DEATH	0487
	1. PLACE OF DEA				46-6	
	County Dorc				Registration Dist. No. II6	
	Village or City_G	olden Hil	1, Md.		No. St.,  f death occurred in a horpital or institution, give its NAME instead of street and	Ward
	Length of rasidence in	city or town whare dea	th occurrad7_	O_yrs8_mos	T8ds. How long in U.S. if of foralgn birth?nrsn	number) nosds.
	2. FULL NAME H	olliday H	icks R	iggins.		
	(a) Residence: No.	Golden	Hill,	Md.	St., X Ward.	
-			(Usual place	of abode)	If nonresident give city or town an	d State
		ND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3.		White 5	or Divorce	RIED, WIDOWED, D (write the word) E C.	21. DATE OF DEATH January 2nd, (Month) (Day)	, 193 36 (Year)
5a	. If marriad, widowad, or div HUSBAND of Late (or) WIFE of	e Addie S	lacum.		22. I HEREBY CERTIFY That I attended Western 1934 to Jan 2	I daceased from
6.	DATE OF BIRTH (month, d	av. and vaar) 4	/14/18	65	liast saw h alive on Dec 31 ,1935	death is sald
	AGE Yaars	Months	Days	if LESS than	to have occurred on the data stated above, at	
	70	8	I8	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z	Trada profession or particular				10	Data of onset
2	kind of work done, as SPINNER, Farmer				Calemana of signish	untus
UPA	9: Industry or businass work was dona, as SAW MILL, BANK	SILK MILL,	irt			-
OCCUPATION	10 Date decaseed last w	orked at onth and T922	11. Total t	ime (yaars) nt in this 40		
11	. BIRTHPLACE (city or town	Golden	Hill,	Md.	Other Coutributory Causes of Importance:	
12	(State or country)	)			Sauce Carrier 7	10.6
ER	13. NAME John	Riggins				
FATHER	14. BIRTHPLACE (city or (Stata or country)	town) Taylor	s Isla	nd, Md.	Name of operation	
EB	15. MAIDEN NAME H.	anna Clar	k:		What tast confirmed diagnosis? Was there an  23. if daath was dua to external causes (VIOLENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or to (State or country)	town) Taylo		and, Md.	Accident, suicide, or homicide? Data of injury  Where did injury occur?	9
17	INFORMANT Mrs (Addrass) G	Ruth Eva			(Specify city or town, county and Sta Spacify whether injury occurrad in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION, OR PIGO 1 den H	REMOVAL		/36.,19	Mannar of injury	
19	. UNDERTAKERGEANY (Addrass) Cam	ille S. I	Gompt	е	24. Was disaase or injury in any way ralated to occupation of dacaased?	<u></u>
20	. FILED. 2 - 2	, 0	mu	Registrar.	(Signad) A Melecus Tu	M. D.
		If more bla	nks are needed, a	ddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	331

# meren

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death-and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 3	.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

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OCCUPA-

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DEATH

OF

CAUSE

THIS should supplied. carefully pe plnods WRITE

1. PLACE OF DEATH Registration Dist. No. County Village or City. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred How long in U.S. if of foraign birth? 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) colorea (Month) (Day) 5a. If married, widowad, or divorced HUSBAND of sin le I HEREBY CERTIFY, Thet I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE to heve occurred on the data stated abova, at-----Months Davs If LESS than 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance mo. Too or .... min. were as follows: Date of onset 8. Trada, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ OCCUPATION back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ..... 10. Date deceasad lest worked at 11. Total tima (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation .... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an eutopsy? MOTHER 15. MAIDEN NAME important. 23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicida, or homicida? \_\_\_\_\_\_ Dete of Injury \_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury LION Neture of injury\_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, spacily (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis : F I V F D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FAP 6 1928			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# ARGIN RESERVED FOR BINDING

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be þe CAUSE OF DEATH in plain terms, so that it may -WRITE PLAINLY

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH			(23)
	County Dorchester			Registration Dist. No.
Ш	Village or City near Find	chville,		No. St. Ward
			(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2	2. FULL NAME Charlie	Robinso	n.	If U. S. Veteran, specify WAR
	(a) Residence: No. Federals	sburg, Mo	l.R.F.D.	St., Ward.
phone	PERSONAL AND STATISTI	(Usual place of		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARK		21. DATE OF DEATH
	Male Colored	or divorced	(write the word)	Jan. 25th. 193 6 (Month) (Day) (Year)
5a.	If married, widowad, or divorced HUSBAND of Mary Lee R:	obinson.		22. January 23, 19 36, to January 25, 19 36
6.	DATE OF BIRTH (month, day, end year)	bout I89	97	l'ast saw h. in Lalive on Jan 124, 19 \$ 5, death is said
	AGE Years Months About 38	Deys	If LESS than  1 day,hrs.	to have occurred on the date stated above, at $2-20-20$ . M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOI	R Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Day lab		Juliumany Infectulos Date of one of
OCCUPATION	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	on f	arm .	
000	10. Date deceased last worked at this occupation (month and year)	11. Total ti		
12.	BIRTHPLACE (city or town) Dorch (State or country)	ester C	Q	Other Contributory Causes of importance:
23	13. NAME Harriso	n H. Ro		
FATHER		chester		Neme of operation. Date of.
ER		ett Can		What test confirmed diegnosis?
MOTHER		orchest		Accident, suicide, or homicide? Date of injury
17.	INFORMANT Harrison H	Robin d. Del	son	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Cokesbury, Md.			Manner of injury
19	unoertaker J.T.Frampto (Address) Federals	om & Sor		24. Wes diseasa or injury in any way ralated to occupation of deceased?
20.	FILED Jan 26, 1936 C	hus W. g	Charlings Registrar.	(Signed) Mulhery M. D.  (Addrass) Brilantile New M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

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Chronic interstitial nephritis FR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Exact statement of OCCUPA-

-WRITE PLAINLY,

V. S. No. 1 B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

	STATE	OF MARYLAND	-CERTIFICATE OF DEATH	190
1. PLACE OF	DEATH		23	,
County	preheste	<u>^</u>	Registration Dist. No.	0
Village or City	Famler	de	No Eastern those thate Horse.	Wa
Length of reside	ice in city of workhere	death occurred & yrs. O	(If death occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAM	Lucia	E 2 1/2 20		
	P	il and the	or If U. S. Veteran, specify WAR	
(a) Residence	No. Passes	(Usual place of alrode)	St., Ward.  If nonresident give city or town and State	le
PERSONA	L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH	
male	white	OR DIVORCED (write the word)	Months (Months)	3.6.
5a. If married, widowed HUSBAND of	or divorced			(Teal)
(or) WIFE of			22. HBREBY CERTIFY. That I attended dece	ased from
		1-180	5 (price 1 1930, to January)	719.5
6. DATE OF BIRTH (mo	nth, day, and year) Months	Days   If LESS than	11.00	eath Is sa
2 17	4	2 // I dey,	to mare constitute on the data spaces above, ot	
8. Trade, profession	1 9	ormin.		ate of ons
kind of wor	k done, es SPINNER,	2000)		
9. Industry or bus	OOKKEEPER, etc iness in which		Julind nary substitutions	no
work was d	ne, as SILK MILL, BANK, etc		<i>f</i>	707
10. Date deceased	est worked at	11. Total time (years) spent In this	/	101
yeer)	0 7	occupation	Oaks Calaba Caractina Association	
12. BIRTHPLACE (city of	r town) Lat	sesvelle 1	Other Contributory Causes of importance:	
(State or country	) (9	naryland		
f3. NAME	arland	Shorter		
14. BIRTHPLACE (c	ty or town) Bu	estown!	Name of operation Dete of	
(State or co	intry)	aryland	What test confirmed diagnosis? Was there an autop	psy?_9
15. MAIDEN NAME	chirapt	efforce Bran	If death wes due to external causes (VIOLENCE) fill in elso the following:	
f 6. BIRTHPLACE (c	ty or town)	Kesvelle	Accident, suicide, or homicide? Date of injury	. 19
Stete or co	intry) ma	yland.	Where did injury occur?	
17. INFORMANIS	er there	State Good Dree	(Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	smer	oge-End.	~-~~·	
18. BURIAL, CREMATIO	· ·	TISTIGA	Manner of injury	
Place_II.O.D.D	ins, Md.	Date I/2I/36.19	Nature of injury	
	200 200 2 2 2 2	Tod	24. Wes disease or injury in any wey related to occupation of deceased?	no
19. UNDERTAKER _ G	LEUMITIO	The state of the s	~ (/N / )	
19. UNDERTAKERG	ranville (	Maccompte	If so, specify	
19. UNDERTAKERG (Address)  20. FILED2	50,000	Maccompte	(Signed) harley abure	M.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	<u> </u>
County Corclectes	Registration Dist. No. 116
Village or City Canduck	No Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmo	sds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Daylon Island	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. LHEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) //2 F/3 C 7. AGE Years Months Oays If LESS than 1 day, hrs. or min.	I last saw h alive on 2224 at all19; death is said to have occurred on the date stated above, at m.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occupation (month and year)	Other Coatribatory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Walter Stanley  14. BIRTHPLACE (city or town) Dylon Internal (State or country)	Name of operation Dete of What test confirmed diagnosis? Sygam Was there en au'opsy? Wo
15. MAIOEN NAME  16. BIRTHPLACE (city or town).  (Stete or country)  17. INFORMANT.  (Address)  20  20  20  20  20  20  20  20  20  2	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place 1 1/2 1/3	Manner of Injury
19. UNOERTAKER(Address)	24. Was disease or injury In eny way related to occupation of deceased? 222
20. FILEO 1/21/ , 136 John moun	(Signed) Jelin More M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of de of importance were as foll	th and related ows:	causes I	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	GEDC	1036	v 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	NED A	100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RHOPAH	V, S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. / / Length of residence in city or town where death occurred 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: Np. (Usual place of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day)

ND. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If nonresident give city or town and State 3. EX 5a. If married, widowed or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days to have occurred on the date stated above, at I day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc ..... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month an spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation 14, BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: 16. BIRTHPLACE (city or town) (State or country Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury Nature of injury\_\_\_\_\_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
21/16/100016/0010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
tenti V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentpritis	1 year

FOR BINDING

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1. PLACE OF DEATH	(R2·E)	
County Dalichestan	Registration Dist. No. /	16
Village or City Camberdal CA	-CNO. # 3. St.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and isds. How long in U.S. if of foreign birth?	
2. FULL NAME Daniel Stiles	If U. S. Veteran, specify WAR	
(a) Residence: No. Cambered al mod	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Caland Malvil	21. DATE OF DEATH Jamy 6 (Month) (Day)	, 193 (Year)
HUSBAND of Moley Stowed	22. I HEREBY CERTIFY, That I attended	deceesed from
DATE OF FIRTH (month, day, and yeer) 12 and, Somman	I last sew h. alive to Jack 19 76	; deeth is seid
AGE Years Months Deys If LESS then	to have occurred on the date stated above, et	
f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	antustin mustina	alms
9. Industry or business in which		1179
work wes done, as SILK MILL, SAW MILL, BANK, etc		ags
this occupation (month end 19 ago spent in this year)		-
2. BIRTHPLACE (city or town) Camberidge Suff d	Other Contributory Canses of importance:	
13. NAME abelian Striles		
f4. BIRTHPLACE (city or town)	Name of operation in Industrial whitmature Date of !	synny
(State of Country)	What test confirmed diagnosis? Wes there an	eutopsy?
15. MAIDEN NAME Malling Still	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following	g:
15. MAIDEN NAME Malling Stalls  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT HOME AND COLORS (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Cambudge Date L. Jam, 1930	Nature of injury	
19. UNDERTAKER Llamy St. Baugnum	24. Was disease or injury in any way related to occupetion of deceased?	210
(Address) Rambling off med	(Signed) Kunktule	
20. FILED 1- 7, 19.3 6 John Mour Regular.	(Address) Cambulys My	ivi. U.
If more blanks are needed, address State Registra:	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 18 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUV. 3.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ERMANEN	EXACTI	y classified	te.
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INLY, WITH UNFADI	be carefully supplied.	EATH in plain terms, so	important. See instruction
PLAINLY, WITH UNFADIN	ould be carefully supplied.	F DEATH in plain terms, so	very important. See instruction
TE PLAINLY, WITH UNFADII	n should be carefully supplied.	E OF DEATH in plain terms, so	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1405
1. PLACE OF DEATH	92:0)	1200
County Dorchester	Registration Dist. No. 116	
Village or City Cambridge	NoSt.,	Ward
Length of residence in city or town where death occurred vrs mos.	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Village or City Cambuly!  Length of residence in city or town where death occurred yrs. mos.  2. FULL NAME George Stiles  (a) Residence: No. 144 Mashwat. and	If II C Votage profits WAD	VICE CO. C.
(a) Pacidance No. 11 dd 41 2 dd 3 at an	10. S. Veteran, specify war.	
(a) Residence: No. 1 4 Mashiott and (Usual place of abode)	St., Ward If nonresident give city or town and	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Wonth)  (Day)	, 193 (Year)
5a. If marriad, widowad, or divorced Husband HUSBAND of (or) WIFE of Melby Stules	22.   HEREBY CERTIFY, Thet   attended of	daceased from
6. DATE OF BIRTH (month, day, and yeer) July 6, 1881	last saw him alive on Jamay 2 th, 1936	; daath is said
7. AGE Years Monto Oays If LESS than 1 day,hrs.	to have occurred on the data stated above, at6300m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
Trede, profession, or particular kind of work dona, as SPINNER,	Pulmoray Embolya	Jate of onset
SAWYER, BOOKKEEPER, etc.	Antie Reguestation	arbran
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and the spent in this spent in the spent in this spent in the spent in this spent in thi	Asterio Seleralis	anlesson
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 25 occupation occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Chylich Culls (State or country)	Austral ortery of tests	
13. NAME bullen Stiles		
13. NAME July Stiles  14. BIRTHPLACE (city or town) (State or country)	Neme of operation Live 2 articly Date of D. What test confirmed diagnosis? Was there are a	
15. MAIOEN NAME LICENS Strile	23. If death wes due to external causes (VIOLENCE) fill In elso the following	
15. MAIOEN NAME Group Striks  16. BIRTHPLACE (city or town) Charles or country)	Accidant, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State	e)
17. INFORMANT METALLA COSTON (Address) in y markington st	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL  Place Camber of Cal Whate 1 - 2, 7 1936	Manner of injury	
Plece A Camburgu Wate 1, 1936	Nature of injury	
19. UNDERTAKER Lemost of grant and (Address) & authorotogy was	24. Was disease or injury in any way related to occupation of deceased?	<b>v</b>
20. FILEO 1/27 , 1936 John month.	(Signed) Lida O. Juecedithy (Address) Cambridge, prayland	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitide nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TOPPALLY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	
The state of the s			

ADDITIONAL SPACE FOR FURTHER STATEMENT	SBY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00496
1. PLACE OF DEATH	(106-01)
County Darchesher Court	Registration Dist. No. 119
Village or City Wingakes, Mid	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Baby Showers	If U. S. Veteran, specify WAR
(a) Residence: Np.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Suncol	21. DATE OF DEATH Julius 29 (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
S. 27 1936	19. Ly., 19.16, to
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at Am.
4 2\(\frac{1}{2}\) or \(\dots\) min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or perticular	marasmus  Date of onset  oan 28
	7 6
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jany 29
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Det deceased last worked et this occupation (month and spent in this	11536
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Bishops Head	
(State or country) mary land	acute Brancheles
13. NAME LISTER & Shortes  14. BIRTHPLACE (city or town). Vingation	
14. BIRTHPLACE (city or town) . Mungalle md.	What test confirmed diagnosis? Alcurue Leuwis therein autops?
15. MAIDEN NAME Netha & Mosel	23. If deeth wes due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Netha & most	Accident, suicide, or homicide? Thouse Date of injury Thouse, 19
(State or country) md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Lealer a Thomas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Blancopaster Date Jan. 30, 1936	Nature of injury
19. UNDERTAKER Granville Decompte	24. Wes disease or injury in any way related to occupation of decessed? Two 2
(Address) lambredge and.	It so, specify from Alexans acting Caroner.
20. FILED Jan. 30, 1936. Wilson & Pritchet	(Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis LED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TENERAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

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J	04	J	6

1. PLACE OF DEATH	4	98
County Reserve	les	Registration Dist. No.
Village or City 6 est new	Market	No. St. Ward
		f death occurred in a hospitalor institution, give its NAME instead of street and number)
Length of residence in city or town where de	oth occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Olles	4 kompse	
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Black	mornel.	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	0	
(or) WIFE of Mary All	omkusu_	1 HEREBY CERT1FY, That I attended decesed from
1 81	1000	11:21 3
7. AGE Years Months	Deys If LESS than	l iast saw h elive on 19 ; deeth is said
1 3 1 40 9	1 day,hrs.	to heve occurred on the date stated above, at
01	ormin.	were/as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER,		Larguela & Juliuona
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		
work was done, as SILK MILL, SAW MILL, BANK, etc.		Jule 200
1D. Date deceased last worked at	11. Total time (yeers) spent in this	
this occupation (month and year)	spent in this occupation	
200		Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)		
¥ /		No. of the state o
14. BIRTHPLACE (city or town)  (State or country)	212	Neme of operation
	Mangary-	What test confirmed diagnosis? Was there en eutopsy?
王	A	23. If death wes due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	12	Accident, suicide, or homicide?
(State of country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WALL COLUMN		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		
Plec East rul Market Dete Vary 25, 1936		Manner of injury
7/3/3/6	alikes	Nature of injury
19. UNDERTAKER	Marie Comment	24. Wes disease or injury in any way related to occupation of deceased?
(Address) O'est hu //	wife	If so, specify
20. FILED 7 10 3 6 - 74	E. Pasper	(Signed) Ologov Mylrs M.D.
	Registrar.	(Address) A July C T Mck

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	1 - 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAN. Y, WITH UNFADING INK-THIS IS A PERMANENT R. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
of i	plu	CCL	1
item	sho	of (	
very	ANS	nent	
D. E	SICI	taten	
R	PHY	ct s	
R		Exa	
ENT	TL	ed.	
IAN	AC	assifi	
ER	EX	y cla	te.
AP	ted	perl	ifica
SIS	sta	pro	cert
HIS	l be	oq 1	Jo 3
K-T	hould	may	TION is very important. See instructions on back of certificate.
Z	E S	at it	on s
ING	AG	o th	tions
FAD	ied.	ns, s	struc
S	lddu	teri	e ins
E	lly s	olain	Se
W	refu	in I	tant.
Y	e ca	ATH	npor
LAL	ld b	DE	ry ir
E P	shor	OF	s ve
RIT	tion	USE	NO
1	13	A	H

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	34
County Dorchester, Md. WITHIN CORPONATE L	Registration Dist. No. II6
Village or City_Cambridge(IF	No. Cambradge Md. Hospitalst., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Herman W. Todd.	$\Sigma_{t \sim V}$
(a) Residence: No. Marian Stattion, Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Male  White  Married.	21. DATE OF DEATH  January 3rd, 193 6  (Month) (Day) (Year)
5a. If marriad, w'dowed, or divorced HUSBAND of Helen Howard.  (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  Dec 25 1935 to Jaw. 3 1935
6. DATE OF BIRTH (month, day, and year) Unimown - 1902	I last saw h alive on
7. AGE Years Months Days If LESS than About 34 No bible record day, hrs.	to have occurred on the date stated above, at 3 • 15 A. M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, Laborer. SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Drayman. SAW MILL, BANK, etc.  10. Oato daceased last worked at 7/1/35.11. Total time (years) this occupation (month and	Aneurism of arch I worke at ? Incurism of Arch I worke at ? Juneton of flept Coppled artery?
year) occupation 12	Ocelluitu from anericin past 260 Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Toddville, Md. (State or country)	
13. NAME Nemiah H. Todd.	
13. NAME Nemiah H. Todd.  14. BIRTHPLACE (city or town) Toddville, Md.  (State or country)	Name of operation None Data of What test confirmed diagnosis? Clinical Was there an au'opsy? No.
₩ 15. MAIOEN NAME Victoria Jones.	23, if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Victoria Jones.  16. BIRTHPLACE (city or town) Bishops Head, Md.  (State or country)	Accident, suicide, or homicida? Data of injury, 19
17. INFORMANT Mr. Milton Mayne. (Address) Cambridge, M d.	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Oate I/5/36., 19	Manner of injury
19. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Md.	24. Was disease or injury in any way related to occupation of deceased? Co.  If so, specify
20. FILEO /5/ 1936 John more of Recistrar.	(Signed) Tass M. O.  (Address) Cambange red.



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Other contributory causes of importance:		Other contributory causes of importance:	
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County Downster				Registration Dist. No.	115
	1 h . v .	C			
	Village or City Anslumy	Cheele,	(1)	NoN	_St.,Ward
	Length of residence in city or town where o	death occurred		ds. How long in U.S. if of foreign birth?yrs	
2.	FULL NAME Still &	i mo	no Tran	rer	
	(a) Residence: No. Trala	C	1	St Ward.	
	(a) hostorice. No.	(Usual place	of abode)	If nonresident give city or to	own and State
	PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. S	4. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	
w	Whom w	OK DIVORCE	D (write the word)	(Month) (Day)	, 193
5a. 1	f married, widowed, or divorced HUSBANO of	8			(Year)
	(or) WIFE of Since			22.   I HEREBY CERTIFY, Thet I	
	N	E HAR	/_	Jan 11 , 193 c , to Jan	
	continue (month, day) and year)	m	/36	Hast sow h Dulake from on Jack 11	19_3_4; deeth is said
7. A	GE Years Months	Deys	If LESS than  1 day, hrs.	to have occurred on the date stated above, at	
-	10000-0	• [	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importar were as follows:	Oate of enset
Z	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				*******
Ĕ	SAWYER, BOOKKEEPER, etc	wero.		Jumalun Barlls	
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc.			Bried when gleen	•
ပ္က	10. Date deceased last worked at this occupation (month end	11. Total t	ime (years) nt in this	2 1/2 mv	
	year)	spe	nt in this upation		
10 1	Bridge Colonial Colon	Carl		Other Cantributery Canses of importance:	
14. 1	SIRTHPLACE (city or town) L'Alland (State or country)	ary	8-2		
2	13. NAME Change Con Con	I 2/00	200	will sur	
		V 61.00	0000		
FA	14. BIRTHPLACE (city or town) (State or country)	aspen	- BULL	Name of operationD	
2	15. MAIOEN NAME CO	> ~	ma	Whet test confirmed diagnosis? Was ti	
MOTHER	13. MATUEN NAME	Jone V	androne	23. If death was due to external causes (VIOL ENCE) fill in also the	
0	16. BIRTHPLACE (city or town)	my he	ell'i	Accident, sulcide, or homicide? Date of Injury	, 19
-	(State of country)		mx	Where did injury occur?	and State)
17. 1	NFORMANT Ory han (Address) Puling	Croell.	h Q	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUI	BLIC PLACE.
18. E	BURIAL, CREMATION, OR REMOVAL			Manner of injury	
	Place Isluing Great	- Oate - Jan	٠٠.١٥.٠٠ ١٩.٦٠ ١	Nature of injury	
19. l	INDERTAKER CLUSHER CYA	January Dru	Janes	24. Was disease or injury In any way related to occupation of decea	ised? M.S.
	and the	me w	200	(Signed) Sames Meale	M. D

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4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA.

be properly classified.

1 B			F MAR	YLAND-	CERTIFICATE OF DEATH	1500
	LACE OF DEA	_			930	
		uhah			Registration Dist. No113	
	Village or City	- soferer	mu		No. St.,  death occurred in a horpital or institution, give its NAME instead of street and	Ward
	Length of rasidance in ci	ity or town whera d	eath occurrad	65 yrs. 4 mos	ds. How long in U.S. if of foreign birth? 'yrs	
2. F	ULL NAME	in in the		ata Ja	74	
	(a) Residence: No.	17005	CUsual place	lun	St., Ward.  If nonresident give city or town a	nd State
	PERSONAL AN	D STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLO	R OR RACE	5. SINGLE, MAP OR DIVORCE	RRIED, WIDOWED, D. (write tha word)	21. DATE OF DEATH  (Month) (Day)	, 193 💪
5a. If ma	arried, widowed, or divo	orced			9 / 2	(Yaar)
(or		eles G.	Traver	0	22. I HEREBY CERTIFY, That I ettende	
					Jan. 14 , 1936, to Jane 14	
6. DATE 7. AGE	OF BIRTH (month, dey Years	y, end yeer) 크네 Months	Days	8-1870	I lest saw h_SQalive on	-; daath is said
7. AGE	(0.5	4	(a	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
			1 0	ormin.	were es follows:	Date of onset
NO o.	Trada, profession, or pa kind of work dona, SAWYER, BOOKKEE	as SPINNER,	1 oue u	n/	G	1
occupation 9.	Industry or business in	which	1.0.44.5		Mus Ditalana Heart.	Jan.14/
	ladustry or business in work was done, as S SAW MILL, BANK, o	SILK MILL, etc	u han	<u></u>		
0 10.	Date deceesed last wor this occupation (more year)	nth and	SD9	ime (years) nt in this upation		
12 RIRT	THPLACE (city or town)	1-100/pm	- viin	the .	Other Contributory Causes of importance:	
	(State or country)		h-	2	m. 57 0 - 0 1.5	Seut /33
2 13.	NAME Welio	m a. 8	Bimm or	à		2Wi-7-5-3
13. 14.	BIRTHPLACE (city or to	ma) Hook	word	~	Name of operation	
L.	(State or country)	9		Je no	What test confirmed diagnosis? Classical Westhere an	
2 15.	MAIDEN NAME	Eum-	angust	ia Ruark	23. If death wes due to external causes (VIOL ENCE) fill in also the following	
16.	BIRTHPLACE (city or to (Stete or country)	(nw	Jusvil	e.	Accident, suicide, or homicida? Date of Injury Where did injury occur?	
17. INFO	RMANT &	Doriand Hoopen	a Sim	dram	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
	IAL, CREMATION, OR R	REMOVAL		ons.	Menner of injury	
1	Place Haroger	viens	Date Qa	V. 16, 1936	Nature of injury	
	ERTAKER (Address)	S. Suc	mpli	h Q	24. Was disease or injury In any way ralated to occupation of daceasad?	N. 2
20. FILE	D an . 1 6	19-36- Jan	ma D. A	Registrar.	(Signed) and a head	M. D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	19 14
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	PLACE OF DEATH		(13)	
County Dorchester			Registration Dist. No. II6	
	Village or City Cambridge, Md.	) (If	No. XSt.,  (If death occurred in a hospital or institution, give its NAME instead of street and numb-	Ward
		yrsmos.	nos. X ds. How long in U.S. if of foreign birth? X yrs. X mos. Z	ds.
2.	FULL NAME Henrietta Turner.			
	(a) Residence: No. I4 Pleasant Str		St., 4 Ward. WITHIN CORPORATE LIMITED OF	
	PERSONAL AND STATISTICAL PARTICULAR	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. S	ex 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (Marrie	write the word)		6(Year)
5a. I	f married, widowed, or divorced HUSBANO of (or) WIFE of D. Henry Turner.		22. I HEREBY CERTIFY. That I ettended decea	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day,hrs. ormin,			to have occurred on the date stated above, et 12.45m.A.M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
TION	8. Trade, profession, or particular kind of work done, as SPINNER, House Wif SAWYER, BOOKKEEPER, etc House Wif	e	Chrome deffure replactes	7 36
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
00	10. Date deceased last worked et this occupation (month and T/I/36 spant i occupation)	n this 55	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)  (State or country) Dorchetter Co.	Md.	asheris relevote hearts descare	1
ER	13. NAME Socratus Hurley			
FATHER	14. BIRTHPLACE (city or town)  (State or country)  Dorchester C	o Md.	Name of operation	sy? Tev
ER	15. MAIOEN NAME Sophia Hurley.		23. If death was due to external causes (VIOLENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (city or town) (State or coun'ry) Dorchester Co	Md.	Accident, suicide, or homicide?	
17. INFORMANT Mrs Alleh Hurley			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Cambridge, Md.  18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury - wee	
	PCambridge, Md. Date I/19	/36.19	Nature of injury	
_	UNOERTAKER Granville S. LeCom (Address) Cambridge, Md.	0	24. Was disease or injury in any way related to occupation of deceasod? No.  If so, specify July Faur	M. D
20.		Registar.	(Address) Cosselves Wd.	

Ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitud nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
11 212 7 1 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	O. Every item of infor-	SICIANS should state	atement of OCCUPA.	
OR DINDING	S A PERMANENT R	tated EXACTLY. PHY	roperly classified. Exact st	rtificate.
MARGIN RESERVED FOR DINDING	-WRITE PLALLY, WITH UNFADING INK-THIS IS A PERMANENT R. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1	-WRITE PLANKY, WI	mation should be careful	CAUSE OF DEATH in I	TION is very important.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1502
1	. PLACE OF DEATH	108	
	county Dorchester	Registration Dist. No	16
	Village or City Combudae	NoSt.,	Ward
2		death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. if of foreign birth?	sds.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
K	SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)  If married, widowed, or divorced HUSBAND of (or WIFE or DI OF OR MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  22. I HEREBY CERTIFY. That I attended to the state of the sta	, 193 (rear) deceased from, 19.3 4
6.	DATE OF BIRTH (month, day, and year)		; death is said
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stoed above, at 7334_c_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
5	ormin.	were as follows:	Cate of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	Other Coutributary Causes of importance:	72-393
	(State or country)  13. NAME ( 1800 T		
FATHER	14. BIRTHPLACE (city or town) dent lanew (State or country)	Name of operation Date of What test confirmed diagnosis? Clumbal Was there an a	n, obsh.
MOTHER	15. MAIDEN NAME CONTROL TO THE STATE OF THE	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19 e)
18	BURIAL, CREMATION, OR REMOVAL Place Communicated Date Com 9, 1936	Manner of injury	
19	UNDERTAKER Jamil II Hayraum (Address) Carrilynge and	24. Was disease or injury in any way related to occupation of deceased?	
20	FILEO 1-7 - 1936 John more of	(Signed) Address) A Tulas Pt.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage HTB 6 1936	July 5,1927	Perilonitis	3 days ago	
BUPPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA-

of infor

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(210-m)
County Dorchester	Registration Dist. No. II6
Village or City Church Creek, Md.	NoXSt.,Ward
— (I	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
2. FULL NAME Lary Catherine Willey	If U. S. Veteran, specify WAR NO
(a) Residence: No. Church Creek, Md.	St., X Ward. X
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Single	January 2Ist, 193 6  (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Single	22. THE BAE BY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 5/18/1928	Hast saw n anvernes Physics 1916; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 . 15 Pm. M
7 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, School child-SAWYER, BOOKKEEPER, etc.	Splin Ame Surger
9 Ladustry or business in which	with product
work was done, as SILK MILL, X SAW MILL, BANK, etc	- Mars of Skull.
O 10- Date deceased last worked at this occupation (month and x ever) 11. Total time (years) spent in this occupation x	On State Road, In Church Greek, Descharter County, and
12. BIRTHPLACE (city or town) Church Creek, (State or country) Md.	Other Contributory Causes of importance:
# 13. NAME John Willey	Lane grand
13. NAME John Willey 14. BIRTHPLACE (city or town) Lakesville,	Name of operation Proleman Dete of April
(State of Country)	What test confirmed diagnosis?
当 15. MAIDEN NAME Edith Wroten.	23. Heeth was due to exernatorises (VIOLENCE) hill in also the following:
15. MAIDEN NAME Edith Wroten.  16. BIRTHPLACE (city or town). Lakesville,	Accident, suicide, or nonneigh appending in jury Water
(State or country) Md.	Were did injury occurations the Askers
17. INFORMANT Edith Willey	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE
(Address) Church Creek, Md.	Confury Opening on Mate
18. BURIAL, CREMATION, OR REMOVAL Place Church Creek, Mg. I/23/36,19	Manner offinjury  Nature of injury
19. UNDERTAKER Granvillle S. LeCompte (Address) Cambridge, Md.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILEO ! - 23, 1936 John Mary Registrar.	(Signed) High Hattere acting army (M.D. (Address)
	, 2411 N. Charles Street, Baltimore, Requesting a School of the street,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example 1	į.	Example II	
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TAB 6 1936	July 5, 1927	Peritonitis	3 days ago
	BUCAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2)
county Alor chester.	Registration Dist. No. // C
Village or City Church Creek	
Village of City Co	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city) or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rachel Tathemille	Cleyf U.S. Veteran specify WAR.
(a) Residence: No. Church Creek	wst. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale white Widowed (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced	V
(or) WIFE of James Welley	22. I HEREBY CERTIFY, That I ettended decessed from
	)
6. DATE OF BIRTH (month, day, end year) Sept 10 1864	
7. AGE Years Months Deys If LESS than I day,hrs.	to have occurred on the date stated above, at ID-30-P, m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
7/ 3 20 ormin.	were as follows:
8. Trade, profession, or particular kind of work done; as SPINNER, Hause works SAWYER, BOOKKEPER, etc.	Arther requirestation autros
SAWYER, BOOKKEEPER, etc	Chrose hybritis
work was done, es SILK MILL, Low	Attens-selvine
0 10. Date deceesed lest worked et 11. Total time (years)	
this occupetion (month and 3 new spent in this occupation	
Laberville.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Will (State or country)	
14. BIRTHPLACE (city or town) Reservelle	
4 14. BIRTHPLACE (city or town)   Machine (State or country)	Name of operation
	What test confirmed diagnosis? 4a Wes there an autopsy? 22.
16. BIRTHPLACE (city or town) difference (Control of Control of Co	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town). Affective	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Eagle giftey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Church Corele Mile	
18. BURIAL, CREMATION, OR REMOVAL  Place Wallson Date Jan 3 1956	Manner of injury
Place VI Communication of the	Nature of Injury
19. UNDERTAKER PLOYALL Myhordeon	24. Was disease or injury In any way related to occupation of deceased?
(Address) Church Creek my	If so, specify
20. FILED 1-2 1936 John moce In	(Signed) Like On meredethy M.D.
Registrar.	(Address) Cambridge, maryland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

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Example I	li di	Example II	
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Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFB 6 193	July 5,1927	Peritonitis	3 days ago
SUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		